

# Dr. Ivy Margulies

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Clinical Psychologist PSY 20821

## PATIENT INFORMATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

May I leave messages at the above numbers? If not, which number do you prefer?

\_\_\_\_\_

Relationship Status \_\_\_\_\_

Names and Ages of Children

\_\_\_\_\_

Name of Spouse \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Spouse Phone Number \_\_\_\_\_ Age: \_\_\_\_\_

Name of Person to Contact in an Emergency \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Describe any Health Issues \_\_\_\_\_

Medications You Take/Dosages \_\_\_\_\_

Have you been hospitalized previously for psychological reasons or drug/alcohol dependency?

\_\_\_\_\_

Referred by \_\_\_\_\_